Based On PTO/SB/17(10 07)

Fees fursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known			
			Applica	Application Number 10		10/567,850	
			Filing D	ate	February 1	10, 2006	
FFR 1 1 2009 B FOR FY 2009		First Na	med Inventor	KIM, Char	ng Wook		
FFH I ZOUS		Examin	er Name	Stephen N	1. Gravini		
Applicate claims small entity s	tatus. See 37 CFR 1.	27	Art Unit		3743		
TOTAL OF PAYMENT	(\$) 1,430.00		Attorne	y Docket No.	9988.299.	00	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may be information and authorization on PTO-2038.		information shoul	ld not be inc	luded on this form. Pro	ovide credit car	d	
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E		05450::==		PR. A. L. L. L	N 5550		
FILING FEES SEARCH FE Small Entity Small			EES all Entity	EXAMINATIC Si	N FEES mail Entity		
Application Type Fee (\$)	Fee (\$)	Fee (\$) Fe	ee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility 330 Design 220	165 110	540 100	270 50	220 140	110 70		
Plant 220	115		165	170	85		
Reissue 330	165		270	650	325		
Provisional 220	110	0	0	0	0	0 115 11	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Re	eissues)					52 26	
Each independent claim over 3 (Multiple dependent claims	including Reissues)					220 110 390 195	
Total Claims Extra Claim	s Fee (\$)	Fee Paid	(\$)		Multiple	Dependent Claims	
20 or HP =0x\$52 =0			_		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims pa	· •				0	0	
<u>Indep. Claims</u>			(\$)				
- 3 or HP = 0 HP = highest number of independent of			-				
3. APPLICATION SIZE FEE							
If the specification and drawings ex					\$135 for sma	all entity) for each	
additional 50 sheets or fraction ther Total Sheets Extra Sheets	eof. See 35 U.S.C. 4 Number of each a			· · ·	Fee(\$) Fee Paid (\$)	
- 100 =0	· ·					=0	
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) \$810.00							
Petition for Extension of Time (three-month*) \$620.00							
*Two-month extension paid with filing of Amdt AF on December 22, 2008							
SUBMITTED BY							
Signature				Registration No.		ephone	
				(Attorney/Agent) 43,324		2) 496-7500 te February 11, 2009	
Date February 11, 2005							